

## AT HOME PROGRAM

**Purpose:** To inform health care providers of the type of information required in justification letters. These guidelines are intended to: 1) enhance communication, and 2) improve consistency and quality of letters.

### Information Required:

**Date**

**Name of Child**

**Date of Birth**

**Diagnosis**

Include the type of impairment, location and degree of involvement.

**Prognosis** (*if applicable*)

**Functional Summary**

Provide an overview of the child/youth's:

- Functional status (i.e., mobility, transfer and ADL skills)
- Physical skills or limitations as it relates to the equipment requested (e.g., head control, ROM, sitting balance)
- Cognitive skills as it relates to the equipment requested (e.g., visual spatial skills, judgement)

**What has Precipitated the Request?**

Indicate why the request is occurring at this time.

**Current Equipment** (*related to equipment requested*)

Indicate the type and status of present equipment and why it is no longer meeting the needs of the child/youth.

**Repair History of Current Equipment**

Indicate what repairs or modifications have been done to the current equipment.

**Equipment Tried**  
(*confirmation of trial*)

Indicate:

- The equipment trialed and the outcomes of the trial.
- The options considered and why they were considered inappropriate.
- Why basic or less expensive equipment is deemed inappropriate

**Recycling Equipment Review**

Indicate whether or not the equipment needs could be met through the Children's Medical Equipment Recycling and Loan Service (CMERLS - [www.redcrossequipment.com](http://www.redcrossequipment.com)).

**Justification**

Clearly identify the relationship between the child's medical need and the equipment requested. Provide a rationale for the equipment, including a justification for any components that are considered to be 'up-charges' (e.g., the arms and front riggings for some wheelchair brands). Indicate the expected results of the equipment for the child.

**Quote**

Indicate a quote from an approved AHP dealer.

**Name and Signature**

Include professional affiliation and contact information (i.e., address and phone number).